

# Cover Page to Associated Health Professions Student Application Packet

In order for us to understand where you are to be placed for your student rotation, the following information is requested:

Your Name (Last, First, Initial): \_\_\_\_\_

School you are earning credit for: \_\_\_\_\_

Program of study: \_\_\_\_\_

VA supervisor / Clinical Location : \_\_\_\_\_

Your anticipated start date: \_\_\_\_\_

Your anticipated end date: \_\_\_\_\_

Your anticipated graduation date: \_\_\_\_\_

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**PLEASE SUBMIT THE APPLICATION PACKET 4 WEEKS BEFORE YOUR SCHEDULED START DATE**

**If you were not U.S. born**, we will need a photocopy of a citizenship document, i.e., Naturalization Certificate, Passport, Visa, Resident Alien Card, etc., showing you are legal to be in this country for this period of time.

If you have any questions, please feel free to  
call (503) 220-8262 x 53073, or  
email [mark.ellicottiii@va.gov](mailto:mark.ellicottiii@va.gov).

*Failure to include this page could delay processing of your application.*

*The 'application packet' must include the original copies of these documents:*

- Cover Page (*this page*)
- TQCVL Letter from School (*in sealed envelope*)
- VAF 0711 - Request for Personal Identity Verification Card
- VAF 10-2850D, Application for Health Professions Trainees
- OF 306, Declaration for Federal Employment
- Without Compensation & Instructor/Student Registration
- SF 181, Ethnicity and Race Identification
- VA National Rules of Behavior
- Certificate of Completion of on-line module
- VAF 10-0410, Clinical Trainee Registration Form

Mail application packet to:

OAA Student Processing  
Education Division (P2EDUC)  
VA Medical Center  
PO Box 1034  
Portland, OR 97207